

TEAL & MONTGOMERY

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ATTORNEYS FOR PLAINTIFF

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

ROBERT HEIDINGSFELDER,

Plaintiff,

vs.

ALLIED WASTE INDUSTRIES, INC.
GROUP LONG TERM DISABILITY PLAN
and DOES 1 through 100, inclusive,

Defendants.

Case No. CV 08 3116 SI

PROOF OF SERVICE OF SUMMONS AND
COMPLAINT AND RELATED
DOCUMENTS (CCP § 415.40)

I declare under penalty of perjury under the laws of the United States of America and the State of California that at the time of service I was a citizen of the United States, at least 18 years of age and not a party to this action. On August 5, 2008, I served the summons and complaint in this case on:

Allied Waste Industries, Inc. Group Long Term Disability Plan,
c/o Standard Insurance Company,
1100 SW Sixty Avenue
Portland, Oregon 97204

by delivering a copy of the following documents by Certified Mail, Return Receipt Requested and received the return receipt signed by a representative of Standard Insurance Company on behalf of Allied Waste Industries, Inc. Group Long Term Disability Plan, on August 7, 2008, in accordance with Code of Civil Procedure § 415.40:

- Summons in a Civil Case;
- Complaint for Benefits Under 29 U.S.C. § 1132;
- Order Setting Initial Case Management Conference and ADR Deadlines;
- Case Management Conference Order;
- Welcome to the U.S. District Court, San Francisco;

- Public Notice; and
- ECF Registration Information Handout.

DATED: August ¹⁹5, 2008

TEAL & MONTGOMERY

By: Terry Menshek
Terry Menshek

UNITED STATES POSTAL SERVICE


 First-Class Mail
 Package & Fees Fund
 USPS
 Form 3811

Sender: Please print your name, address, and ZIP+4 in this box.

RECEIVED

 THERAL & MIDDY COMPANY
 SIX FIFTH STREET, SUITE 200
 SANTA ROSA, CA 95404-4511


SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
☐ Print your name and address on the reverse so that we can return the card to you.
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 STANFORD Insurance Company
 1100 SW Sixth Avenue
 Portland, Oregon 97204

COMPLETE THIS SECTION ON DELIVERY

 A. Signature ☒ Agent ☐ Addressee

 B. Received by (Printed Name) ☐ Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

 4. Restricted Delivery? (Extra Fee) ☐ Yes

 2. Article Number 7007 1490 0000 5836 1465
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102505-02-N-1540